

Registration District No.

701

Primary Registration District No.

1003

Registrar's No.

6776

1. PLACE OF DEATH:

(a) County. St. Louis  
(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 Days  
In this community. 33 Yrs. 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Washington

3. (b) If veteran. name war. 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive Deaf years  
7. Birth date of deceased. 12 30 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 7 13 hr. min.

9. Birthplace Fate Co. Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Monroe Washington

13. Birthplace unknown Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey W. Pratt

(b) Address Forrest St. Mo.

17. (a) Burial (b) Date thereof 8-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest St. Mo.

18. (a) Signature of funeral director Latent & Sons

(b) Address Kirkwood, Mo.

19. (a) AUG 20 1941 (b) J. H. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town 2706 Delmar  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2706 Delmar  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1941 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from August 7,  
1941 to August 12, 1941  
that I last saw him alive on August 12, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc. Duration Prob 5 Yrs

Due to 12/13/41  
Due to 12/13/41

Other conditions 2  
(Include pregnancy within months of death)

Major findings: Of operations

Of autopsy As Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Johnson (M. D. or other) 0  
Address 2601 North Whittier Date signed 8/15/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**